MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10678816   APPLICANT(S)   FILING DATE

CLAIMS

Claim	AS FILED IND	AS FILED DEP	AFTER 1ST AMENDMENT IND	AFTER 1ST AMENDMENT DEP	AFTER 2ND AMENDMENT IND	AFTER 2ND AMENDMENT DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21	1					
22		1				
23		1				
24		1				
25	1	1				
26		2				
27		2				
28		1				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39	1	2				
40		2				
41		2				
42		2				
43		2				
44		2				
45		1				
46		1				
47		1				
48	1					
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Claim	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54						
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62	1	1				
63	1					
64		1				
65		1				
66		1				
67		2				
68		2				
69		2				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82		2				
83	1					
84		1				
85		2				
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7					
TOTAL DEP.	100					
TOTAL CLAIMS	107					